

MENTAL HEALTH UPDATE

December 2, 2009

Department of Mental Health (DMH) Relocation

Effective Monday, December 7th, DMH will relocate from its current location at 108 Cherry Street in Burlington to Wasson Hall in Waterbury, VT. The Department's mailing address will be **103 South Main Street, Wasson Hall, Waterbury VT 05671-2510**.

E-mail for DMH personnel can be sent in the following format:

FirstName.LastName@ahs.state.vt.us (e.g. Michael.Hartman@ahs.state.vt.us).

In anticipation of various communication and fax needs immediately following the move, the following numbers may be used beginning Monday, December 7th:

DMH Reception - **802-241-2601**

DMH Main Fax - **802-241-2004**

Commissioner Michael Hartman – **802-241-4008**

Deputy Commissioner Beth Tanzman – **802-241-4008**

Commissioner's Fax – **802-241-4009**

Operations Director Frank Reed – **802-241-4003**

Adult Services Director Dr. Trish Singer – **802-241-4010**

Children and Family Services Director Charlie Biss – **802-241-4029**

CRT and Acute Care Fax – **802-241-4025**

Finance Director Heidi Hall – **802-241-4030**

Business Office Fax – **802-241-4040**

Research and Statistics Chief John Pandiani – **802-241-4049**

Legal Services – **802-657-4310**

Legal Fax – **802-657-4322**

We anticipate some disruption to normal routines late in the day Friday, December 4th and on Monday, December 7th as telecommunications and computer equipment transfers occur. Hopefully, disruptions will be kept to a minimum. Thank you in advance for your understanding in the event of minor disruptions during this transition.

ADULT MENTAL HEALTH & FUTURES

Transformation Council

At the November 23rd meeting of the Transformation Council Deputy Commissioner Tanzman gave a detailed presentation of the Department of Mental Health's budget development targets and process for the next fiscal year, 2011. Due to decreased state revenues and the phase out of augmented Medicaid match rates from the American Recovery and Reinvestment Act (ARRA) the administration has asked all departments to prepare a budget exercise based on 8% less in General Fund allocations and 20% reduction for those services matched to

Medicaid. This is the beginning of a process and the final numbers are unknown at this stage. Legislative actions, federal changes to the match rate as well as health care reform, and updated revenue reports will all impact on the final budget. However, the scope of this budget target and the likely actual reductions are simply too great to undertake without consultation with stakeholders. DMH is consulting with service providers, the Adult Program Standing Committee, the VSH Steering Committee and the Transformation Council about how to best manage the impact that such a budget would have on Vermonters receiving mental health services.

The Transformation Council also provided feedback to DMH on the proposed legislative initiatives for the upcoming session.

DMH Proposes Legislative Changes

The Capital Bill passed by the General Assembly last May requires that DMH “shall propose any statutory changes it believes may be necessary for implementation of its master plan [to replace the functions now provided in the Vermont State Hospital].” In addition to legislative proposals for the master plan, DMH is also making proposals about governing bodies for DMH-operated services and parental consent for psychiatric inpatient treatment for children thirteen years of age and younger.

A brief description of the legislative proposals is posted and can be accessed with this link http://mentalhealth.vermont.gov/sites/dmh/files/legislative/2010_PROPOSED_LEGISLATION_2.pdf

Secure Residential Recovery Planning

The team from Architecture Plus will meet with stakeholders on December 15th to present the initial schematic design for the proposed Secure Residential Recovery (SRR) program (from 10:00 to 1:00 in the Corrections Chapel Conference room on the Waterbury State Office Complex). At the last meeting, the architects sought feedback on patient safety and security for the design of the building, the outside perimeter, and interior furnishings and fixtures.

CHILDREN’S MENTAL HEALTH

Language Guidelines When Reporting or Discussing Suicide

A recent cluster of teenage suicides in Palo Alto, California has highlighted the need for responsible reporting of suicide events. The fact that in a six-month period, 4 students from the same high school have ended their lives in the exact same way, while a fifth tried and was thwarted, raised the question of “suicide contagion” or copycat actions. Although the scientific evidence on the risk posed by suicide contagion is not considered conclusive, there is enough concern for suicide prevention groups to recommend specific media guidelines in an effort to decrease the likelihood of suicide clusters.

Editors and journalists are asked **NOT** to:

- give prominent placement to stories about suicide;
- use the word “suicide” in the headline; or
- offer first-person accounts from adolescents about their suicide attempts.

Editors, journalists, teachers, and parents are advised **NOT** to:

- provide detailed descriptions of the event;
- romanticize someone who has died by suicide;
- encourage tributes by friends and relatives;
- oversimplify the causes of suicide; or
- present it as inexplicable or unavoidable.

Research shows that from 60-90% of suicide victims have a diagnosable mental illness and/or substance abuse disorder that can be treated. Potentially **helpful** discussion points include the following.

- Emphasize recent advances in the treatment for depression and other mental illness.
- Relate stories of people whose treatment was life-saving, preventing a permanent lose- lose solution to a temporary problem.
- Interview in the media and make accessible to youth mental health professionals who are knowledgeable about suicide and the role of treatment for mental disorders as a preventive strategy.

The de-stigmatization of mental health issues and the creation of shared and responsible language around suicide are just some of the objectives of the Vermont Youth Suicide Prevention Coalition, a group of representatives from public health, suicide prevention advocacy groups, youth leadership, Vermont 2-1-1, and private mental health services and survivors. Their efforts are made possible by funding from the SAMHSA Garrett Lee Smith Memorial Act, which is administered in Vermont by the Center for Health and Learning with the support of the Vermont Department of Mental Health. If you would like to know more about the Coalition and the Umatter Youth Suicide Prevention campaign, contact Brian Remer at the Center for Health and Learning, 802.254.6590 or brian@healthandlearning.org.

VERMONT STATE HOSPITAL CENSUS

The Vermont State Hospital Census was 47 as of midnight Tuesday.